State: Arkansas Filing Company: United American Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

Project Name/Number: 2013 Annual Rate Filing/2013ARPROCARE

## Filing at a Glance

Company: United American Insurance Company

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010

Sub-TOI: MS08I.012 Multi-Plan 2010

Filing Type: Rate

Date Submitted: 09/20/2012

SERFF Tr Num: AMLC-128694250
SERFF Status: Closed-Disapproved

State Tr Num:

State Status: Disapproved-Closed Co Tr Num: 2013ARPROCARE

Implementation 01/01/2013

Date Requested:

Author(s): Sue Fisher

Reviewer(s): Stephanie Fowler (primary)

Disposition Date: 09/27/2012
Disposition Status: Disapproved

Implementation Date:

State Filing Description:

State: Arkansas Filing Company: United American Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

Project Name/Number: 2013 Annual Rate Filing/2013ARPROCARE

## **General Information**

Project Name: 2013 Annual Rate Filing Status of Filing in Domicile: Pending

Project Number: 2013ARPROCARE Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: A filing was submitted to Nebraska

our state of Domicile on 09/11/2012 and is pending review

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 09/27/2012

State Status Changed: 09/27/2012

Deemer Date: Created By: Sue Fisher

Submitted By: Sue Fisher Corresponding Filing Tracking Number:

Filing Description:

2013 Individual Medicare Supplement Rate Filing

United American Insurance Company

NAIC # 92916

Attached is our 2013 Annual Rate Filing for Individual Standardized Medicare Supplement Policy Forms. We are requesting

rate changes by policy form as indicated on our Rate Filing Summary Pages and as listed below.

MSA, MSA06, MSA10 +3.0%

MSB, MSB06, MSB10 +3.0%

MSC, MSC06, MSC10 +3.0%

MSD, MSD06, MSD10 +3.0%

MSF, MSF06, MSF10 +0.0%

MSHDF, MSHDF06, MSHDF10 -10.0% decrease

MSG, MSG06, MSG10 +3.0%

MSK06 +3.0%

MSL06 +3.0%

MSN10 +3.0%

DMSB, DMSB06, DMSB10 +9.0% DMSHDF06, DMSHDF10 +3.0%

An Actuarial Memorandum, premium rate schedule, and other supporting documentation are provided for your consideration.

The proposed effective Date is January 1, 2013 or as soon thereafter as possible and allowed.

If you have any questions, or need additional information, please let me know

Sincerely

Sue Fisher

Rate Compliance Analyst

# **Company and Contact**

State: Arkansas Filing Company: United American Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

Project Name/Number: 2013 Annual Rate Filing/2013ARPROCARE

**Filing Contact Information** 

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com

 3700 S. Stonebridge Drive
 972-569-3241 [Phone]

 McKinney, TX 75070
 972-569-3679 [FAX]

**Filing Company Information** 

United American Insurance CoCode: 92916 State of Domicile: Nebraska

Company Group Code: 290 Company Type: Life and

P.O. Box 8080 Group Name: Liberty National Health

McKinney, TX 75070-8080 FEIN Number: 73-1128555 State ID Number:

(972) 529-5085 ext. [Phone]

Filing Fees

Fee Required? Yes

Fee Amount: \$600.00

Retaliatory? No

Fee Explanation: 12 Plans X \$50.00 each = \$600.00

Per Company: No

CompanyAmountDate ProcessedTransaction #United American Insurance Company\$600.0009/20/201262876171

State: Arkansas Filing Company: United American Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

**Product Name:** 2013 Individual Standardized Medicare Supplement Rate Filing

**Project Name/Number:** 2013 Annual Rate Filing/2013ARPROCARE

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Disapproved	Stephanie Fowler	09/27/2012	09/27/2012

State: Arkansas Filing Company: United American Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

Project Name/Number: 2013 Annual Rate Filing/2013ARPROCARE

# Disposition

Disposition Date: 09/27/2012

Implementation Date: Status: Disapproved

Comment: Given the fact that this block of business is not credible and that we have approved fairly consistent rate increases on these blocks of business in the past;

we cannot approve this rate increase at this time.

	Overall %	Overall %	Written Premium	# of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	<b>Holders Affected</b>	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
United American	%	%		168		9.000%	-10.000%
Insurance Company							

State: Arkansas Filing Company: United American Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

**Project Name/Number:** 2013 Annual Rate Filing/2013ARPROCARE

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	2013 UA Plan A Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan B Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan C Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan D Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan F Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan F (High Deductible) Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan G Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan K Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan L Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan N Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan B (Disabled Form)Supporting Documents	Disapproved	No
Supporting Document	2013 UA Plan F (High Deductible Disabled form)Supporting Documents	Disapproved	No
Rate	2013 Plan A Rate Pages (1990 Plans only)	Disapproved	No
Rate	2013 Plan A Rate Pages (2010 Plan Only)	Disapproved	No
Rate	2013 Plan B Rate Pages (1990 Plans only)	Disapproved	No
Rate	2013 Plan B Rate Pages (2010 Plan Only)	Disapproved	No
Rate	2013 Plan C Rate Pages (1990 Plans only)	Disapproved	No
Rate	2013 Plan C Rate Pages (2010 Plan Only)	Disapproved	No
Rate	2013 Plan D Rate Pages (1990 Plans only)	Disapproved	No
Rate	2013 Plan D Rate Pages (2010 Plan Only)	Disapproved	No
Rate	2013 Plan F Rate Pages (1990 Plans only)	Disapproved	No

State:ArkansasFiling Company:TOI/Sub-TOI:MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

**Product Name:** 2013 Individual Standardized Medicare Supplement Rate Filing

**Project Name/Number:** 2013 Annual Rate Filing/2013ARPROCARE

United American Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access	
Rate	2013 Plan F Rate Pages (2010 Plan Only)	Disapproved	No	
Rate	2013 Plan HDF Rate Pages (1990 Plans only)	Disapproved	No	
ate	2013 Plan HDF Rate Pages (2010 Plan Only)	Disapproved	No	
ate	2013 Plan G Rate Pages (1990 Plans only)	Disapproved	No	
Rate	2013 Plan G Rate Pages (2010 Plan Only)	Disapproved	No	
Rate	2013 Plan K Rate Page(s)	Disapproved	No	
Rate	2013 Plan L Rate Page(s)	Disapproved	No	
ate	2013 Plan N Rate Pages (2010 Plan Only)	Disapproved	No	
ate	2013 Plan B Disability Rate Pages (1990 Plans only)	Disapproved	No	
late	2013 Plan B Disability Rate Pages (2010 Plan Only)	Disapproved	No	
Rate	2013 Plan HDF Disability Rate Pages (1990 Plans only)	Disapproved	No	
Rate	2013 Plan HDF Disability Rate Pages (2010 Plan Only)	Disapproved	No	

State: Arkansas Filing Company: United American Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

Project Name/Number: 2013 Annual Rate Filing/2013ARPROCARE

## **Rate Information**

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision: 06/01/2012

Filing Method of Last Filing: SERFF

## **Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
United American	%	%		168		9.000%	-10.000%
Insurance Company							

Company Tracking #: SERFF Tracking #: AMLC-128694250 State Tracking #: 2013ARPROCARE

State: Arkansas Filing Company: United American Insurance Company

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010 Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

2013 Annual Rate Filing/2013ARPROCARE Project Name/Number:

## Rate/Rule Schedule

SERFF Tracking #: State Tracking #: Company Tracking #: AMLC-128694250 2013ARPROCARE

Filing Company: United American Insurance Company State: Arkansas MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

2013 Annual Rate Filing/2013ARPROCARE Project Name/Number:

Item No.	Schedule Item Status	Document Name (Separated with commas)		Rate Action*	Rate Action Informa	Attachments		
1	Disapproved 09/27/2012	2013 Plan A Rate Pages (1990 Plans only)	MSA, MSA06	Revised	Previous State Filing Number:	49804	2013 AR Plan A Rate Page (1990 Plans).pdf	
		,,			Percent Rate Change Request:	3.000	, , , , , , , , , , , , , , , , , , ,	
2		2013 Plan A Rate Pages (2010 Plan Only)	MSA10	Revised	Previous State Filing Number:	49804	2013 AR Plan A Rate Page (2010 Plans).pdf	
		.,			Percent Rate Change Request:	3.000	,,,	
3	Disapproved 2013 Plan B Rate Pages (1990) 09/27/2012 Plans only)	2013 Plan B Rate Pages (1990 Plans only)	MSB, MSB06	Revised	Previous State Filing Number:	49804	2013 AR Plan B Rate Page (1990 Plans).pdf	
					Percent Rate Change Request:	3.000	. age (1000 1 lane),pan	
4		2013 Plan B Rate Pages (2010 Plan Only)	MSB10	Revised	Previous State Filing Number:	49804	2013 AR Plan B Rate Page (2010 Plans).pdf	
	0.0721720.2				Percent Rate Change Request:	3.000		
5	Disapproved 09/27/2012			Revised	Previous State Filing Number:	49804	2013 AR Plan C Rate Page (1990 Plans).pdf	
		, , , ,			Percent Rate Change Request:	3.000	350 (1000113113)   1	
6	Disapproved 09/27/2012	2013 Plan C Rate Pages (2010 Plan Only)	MSC10	Revised	Previous State Filing Number:	49804	2013 AR Plan C Rate Page (2010 Plans).pdf	
	,,	3,			Percent Rate Change Request:	3.000	31 (11111111111111111111111111111111111	
7	Disapproved 09/27/2012	2013 Plan D Rate Pages (1990 Plans only)	MSD, MSD06	Revised	Previous State Filing Number:	49804	2013 AR Plan D Rate Page (1990 Plans).pdf	
	33,21,23.2	Plans only)			Percent Rate Change Request:	3.000	age (1330 Flans).pui	

SERFF Tracking #: State Tracking #: Company Tracking #: AMLC-128694250 2013ARPROCARE

Filing Company: United American Insurance Company State: Arkansas MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

2013 Annual Rate Filing/2013ARPROCARE Project Name/Number:

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Informa	ation	Attachments	
8	Disapproved 2013 Plan D Rate Pages (2010 09/27/2012 Plan Only)		MSD10	Revised	Previous State Filing Number:	49804	2013 AR Plan D Rate Page (2010 Plans).pdf	
		,			Percent Rate Change Request:	3.000		
9	Disapproved	2013 Plan F Rate Pages (1990 Plans only)	MSF, MSF06	Other	Previous State Filing Number:	49804	2013 AR Plan F Rate Page (1990 Plans).pdf	
	00,21,2012	,			Rate Action Other Explanation:	0.0%		
10	Disapproved 09/27/2012	2013 Plan F Rate Pages (2010 Plan Only)	MSF10	Other	Previous State Filing Number:	49804	2013 AR Plan F Rate Page (2010 Plans).pdf	
				Rate Action Other Explanation:	0.0%			
11	Disapproved 2013 Plan HDF Rate Pages MSHDF, MSHDF06 (1990 Plans only)	MSHDF, MSHDF06	Revised	Previous State Filing Number:	49804	2013 AR Plan HDF Rate Page (1990		
		,			Percent Rate Change Request:	-10.000	Plans).pdf	
12	Disapproved 09/27/2012	2013 Plan HDF Rate Pages (2010 Plan Only)	MSHDF10	Revised	Previous State Filing Number:	49804	2013 AR Plan HDF Rate Page (2010	
					Percent Rate Change Request:	-10.000	Plans).pdf	
13	Disapproved 09/27/2012	2013 Plan G Rate Pages (1990 Plans only)	MSG, MSG06	Revised	Previous State Filing Number:	49804	2013 AR Plan G Rate Page (1990 Plans).pdf	
					Percent Rate Change Request:	3.000	3. ( 3.3 3.7)	
14				Revised	Previous State Filing Number:	49804	2013 AR Plan G Rate Page (2010 Plans).pdf	
					Percent Rate Change Request:	3.000	. ago (20101 lano).pul	

SERFF Tracking #: State Tracking #: Company Tracking #: AMLC-128694250 2013ARPROCARE

Filing Company: State: Arkansas United American Insurance Company MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2013 Individual Standardized Medicare Supplement Rate Filing

2013 Annual Rate Filing/2013ARPROCARE Project Name/Number:

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Inform	ation	Attachments
15	Disapproved 09/27/2012	2013 Plan K Rate Page(s)	MSK06	Revised	Previous State Filing Number:	49804	2013 AR Plan K Rate Page.pdf
					Percent Rate Change Request:	3.000	
16	Disapproved 09/27/2012	2013 Plan L Rate Page(s)	MSL06	Revised	Previous State Filing Number:	49804	2013 AR Plan L Rate Page.pdf
					Percent Rate Change Request:	3.000	
17	Disapproved 2013 Plan N Rate Pages (2010 MSN10 09/27/2012 Plan Only)	MSN10	Revised	Previous State Filing Number:	49804	2013 AR Plan N Rate Page (2010 Plans).pdf	
					Percent Rate Change Request:	3.000	
18	Disapproved 2013 Plan B Disability Rate DMSB, DMSB06 09/27/2012 Pages (1990 Plans only)	DMSB, DMSB06	Revised	Previous State Filing Number:	49804	2013 AR Plan B Disability Rate Page	
					Percent Rate Change Request:	9.000	(1990 Plans).pdf
19	Disapproved 09/27/2012	2013 Plan B Disability Rate Pages (2010 Plan Only)	DMSB10	Revised	Previous State Filing Number:	49804	2013 AR Plan B Disability Rate Page
		,,			Percent Rate Change Request:	9.000	(2010 Plans).pdf
20	Disapproved	2013 Plan HDF Disability Rate Pages (1990 Plans only)	DMSHDF06	Other	Previous State Filing Number:	49804	2013 AR Plan HDF Disability Rate Page
	ages (received and stray)			Rate Action Other Explanation:	0.0%	(1990 Plans).pdf	
21		2013 Plan HDF Disability Rate Pages (2010 Plan Only)	DMSHDF10	Other	Previous State Filing Number:	49804	2013 AR Plan HDF Disability Rate Page
		Pages (2010 Plan Only)			Rate Action Other Explanation:	0.0%	(2010 Plans).pdf

McKinney, Texas

Policy Form MSA / MSA06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$1,949	\$2,007
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near d	ollar)
Quarterly	=	Annual	*	.260	(rounded to near d	ollar)
Monthly	=	Annual	*	.088	(rounded to near d	•
	For	Company	y Us	se: Pla	an Code M01	

McKinney, Texas

Policy Form MSA10

## 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
65 and Over	\$1,582	\$1,629	
Modal Premium Formulas:			
Semi-Annual = Annual / 2 (rounded to high	,		
Quarterly = Annual / 4 (rounded to high	n dollar)		
Monthly = Annual / 12 (rounded to high	gh dollar)		

For Company Use: Plan Code 5A8

McKinney, Texas

# Policy Form MSB / MSB06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$3,272	\$3,370
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near	r dollar)
Quarterly	=	Annual	*	.260	(rounded to near	r dollar)
Monthly	=	Annual	*		(rounded to near	
	For	Company	/ U:	se: Pla	an Code M02	

McKinney, Texas

Policy Form MSB10

## 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
65 and Over	\$2,539	\$2,615	
Modal Premium Formulas:			
Semi-Annual = Annual / 2 (rounded to high	jh dollar)		
Quarterly = Annual / 4 (rounded to high			
Monthly = Annual / 12 (rounded to h	igh dollar)		

For Company Use: Plan Code 5AQ

McKinney, Texas

Policy Form MSC / MSC06

## 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$3,859	\$3,975
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near d	ollar)
Quarterly	=	Annual	*	.260		
Monthly	=	Annual	*	.088	•	,
	For	Company	y Us	se: Pla	an Code M03	

McKinney, Texas

Policy Form MSC10

2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

Issue Age	Current Annual Base Rate	Proposed Annual Rate	
65 and Over	\$2,973	\$3,062	
Modal Premium Formulas:			
Semi-Annual = Annual	(rounded to high dollar)		
	(rounded to high dollar)		
Quarterly = Annual	(Tourided to high dollar)		

For Company Use: Plan Code 5B8

McKinney, Texas

# Policy Form MSD / MSD06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$3,751	\$3,864
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near	dollar)
Quarterly	=	Annual			(rounded to near	•
Monthly	=	Annual	*	.088	(rounded to near	dollar)
	For	Company	y U:	se: Pla	n Code M04	

McKinney, Texas

Policy Form MSD10

## 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
65 and Over	\$2,806	\$2,890	
Modal Premium Formulas:			
Semi-Annual = Annual / 2 (rounded	d to high dollar)		
Quarterly = Annual / 4 (rounded	d to high dollar)		
Monthly = Annual / 12 (rounds	ed to high dollar)		

For Company Use: Plan Code 5BQ

McKinney, Texas

Policy Form MSF / MSF06

2013 Annual Medicare Rate Filing

## ARKANSAS"

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$3,538	\$3,538
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near d	ollar)
Quarterly	=	Annual		.260	rounded to near d	
Monthly	=	Annual	*	.088	(rounded to near d	•
	For	Company	y U:	se: Pla	n Code M05	

McKinney, Texas

Policy Form MSF10

## 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
65 and Over	\$2,899	\$2,899	
Modal Premium Formulas:			
Semi-Annual = Annual / 2 (rounded to	high dollar)		
Quarterly = Annual / 4 (rounded to	high dollar)		
Monthly = Annual / 12 (rounded to	high dollar)		

For Company Use: Plan Code 5C8

McKinney, Texas

# Policy Form MSHDF / MSHDF06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 And Over					\$757	\$681
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near	dollar)
Quarterly	=	Annual	*	.260	•	•
Monthly	=	Annual	*	.088	•	,
	For	Compan	y U:	se: Pla	an Code P38	

McKinney, Texas

Policy Form MSHDF10

2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
65 and Over	\$687	\$618	
Modal Premium Formulas:			
Semi-Annual = Annual / 2 (rounded to hi	igh dollar)		
Quarterly = Annual / 4 (rounded to hi	igh dollar)		
Monthly = Annual / 12 (rounded to	high dollar)		

For Company Use: Plan Code 5CQ

McKinney, Texas

Policy Form MSG / MSG06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 65 and Over					\$3,774	\$3,887
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near	dollar)
Quarterly	=	Annual	*	.260	(rounded to near	dollar)
Monthly	=	Annual	*	.088	(rounded to near	dollar)
	For	Company	y Us	se: Pla	an Code M06	

McKinney, Texas

Policy Form MSG10

2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
65 and Over	\$2,818	\$2,903	
Modal Premium Formulas:			
Semi-Annual = Annual / 2 (round	,		
Quarterly = Annual / 4 (round	ded to high dollar)		
Monthly = Annual / 12 (rour	aded to high dollar)		

For Company Use: Plan Code 5D8

McKinney, Texas

Policy Form MSK06

# 2013 Annual Medicare Rate Filing

## ARKANSAS

Issue	Current	Proposed
Age	Annual	Annual
(Male or Female)	Premium	Premium
Ages 65 & Over	\$1,660	\$1,710
Modal Premium Formulas:		
Semi-Annu=	Annual / 2 (rounded to high dollar)	
Quarterly =	Annual / 4 (rounded to high dollar)	
Monthly =	Annual / 12 (rounded to high dollar)	
	For Company Use: Plan Code P87	

McKinney, Texas

Policy Form MSL06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue	Current	Proposed	
Age	Annual	Annual	
(Male or Female)	Premium	Premium	
Ages 65 and Over	\$2,341	\$2,411	
Modal Premium Formulas:			
Semi-Annu =	Annual / 2 (rounded to high dollar)		
Quarterly =	Annual / 4 (rounded to high dollar)		
Monthly =	Annual / 12 (rounded to high dollar)		
	For Company Use: Plan Code P90		

McKinney, Texas

Policy Form MSN10

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
65 and Over	\$2,270	\$2,338	
Modal Premium Formulas:			
Semi-Annual = Annual / 2 (rounded to hig	h dollar)		
Quarterly = Annual / 4 (rounded to hig	h dollar)		
Monthly = Annual / 12 (rounded to hi	ah dollar)		

For Company Use: Plan Code 5DQ

McKinney, Texas

Policy Form DMSB / DMSB06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue					Current	Proposed
Age					Annual	Annual
(Male or Female)					Premium	Premium
Ages 64 and Under					\$5,305	\$5,782
Modal Premium Factors:						
Semi-Annual	=	Annual	*	.510	(rounded to near	dollar)
Quarterly	=	Annual		.260		•
Monthly	=	Annual	*	.088	(rounded to near	•
——————————————————————————————————————	r Co	mnany Us	se.	Plan C	Codes M07 / U14	

McKinney, Texas

Policy Form DMSB10

2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates
Policies effective on or after June 1, 2010

Available Within Gua	aranteed Issue Periods and	Underwritten	
	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
64 and Under	\$6,471	\$7,053	
lodal Premium Formulas:			
Semi-Annual = Annual / 2 (rounder	d to high dollar)		
Quarterly = Annual / 4 (rounder	d to high dollar)		
Monthly = Annual / 12 (round	ed to high dollar)		

For Company Use: Plan Codes 6AI / 6AN

McKinney, Texas

# Policy Form DMSHDF06

# 2013 Annual Medicare Rate Filing

## **ARKANSAS**

Issue				Current		Proposed	
Age					Annual	Annual	
(Male or Female)					Premium	Premium	
Ages 64 and Under					\$2,091	\$2,091	
Modal Premium Factors:							
Semi-Annual	=	Annual	*	.510	(rounded to near do	llar)	
Quarterly	=	Annual			(rounded to near do	•	
Monthly	=	Annual	*		(rounded to near do	•	
Fc	r Co	mpany Us	e.	Plan C	odes M98 / M99		

McKinney, Texas

Policy Form DMSHDF10

2013 Annual Medicare Rate Filing

## **ARKANSAS**

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates Policies effective on or after June 1, 2010

Available Within Guaran	teed Issue Periods and	Underwritten	
	Current	Proposed	
Issue	Annual	Annual	
Age	Base Rate	Rate	
64 and Under	\$3,084	\$3,084	
lodal Premium Formulas:			
Semi-Annual = Annual / 2 (rounded to h	nigh dollar)		
Quarterly = Annual / 4 (rounded to h	•		
Monthly = Annual / 12 (rounded to	•		

For Company Use: Plan Code 6C7